



# Congress of the United States

House of Representatives  
Fort Myers 239-332-4677  
Naples 239-774-8060  
Washington, DC 202-225-2536

## Porter Goss

14<sup>th</sup> District Florida

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Washington, DC 20515-0913

## District Offices

2000 Main Street, Suite 303  
Fort Myers, FL 33901

## Committees

Intelligence, Chairman  
Rules  
Homeland Security

3301 Tamiami Trail East  
Building F, Suite 212  
Naples, FL 34112

## PRIVACY RELEASE FORM

The Privacy Act of 1974 requires that written consent be obtained from the constituent before information can be disclosed from U.S. government records. Please sign the enclosed statement and I will be happy to make inquiries on your behalf. Please note that if you are inquiring on behalf of someone else, they must sign the statement. Your spouse's signature is required for inquiries pertaining to IRS joint tax returns.

Your Name Mr./Mrs./Ms. \_\_\_\_\_  
(please print)

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse (or)  
Relative Name \_\_\_\_\_  
(if applicable)

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

ID#'s SSN # \_\_\_\_\_ Alien # \_\_\_\_\_

Claim # \_\_\_\_\_ Cntrl # \_\_\_\_\_

Passport # \_\_\_\_\_ OtherID \_\_\_\_\_

## STATEMENT

I authorize Congressman Porter Goss to make an inquiry on my behalf to:

\_\_\_\_\_  
(Agency or organization)

All agency records pertaining to this matter may be released to Congressman Porter Goss.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Rep. Init. \_\_\_\_\_

[illegible]

PLEASE RETURN THIS FORM TO MY FORT MYERS OR NAPLES DISTRICT OFFICE. YOU WILL BE NOTIFIED WHEN WE HAVE A RESPONSE TO OUR INQUIRIES ON YOUR BEHALF. THANK YOU FOR YOUR PATIENCE AND COOPERATION.